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Original Department.

Communications.

A CASE OF ASCITES.

By W. W. Myers, M. D.,

Of Pittsburgh, Pa.

On the morning of Feb. 4th, was called to see Wm. H. D——, æt. 34 years, residing in Spring alley. Complained of sickness of the stomach, twitching pains about the transverse colon, and tenderness of the abdomen. His general health seemed to be impaired, slight fever, urine scanty and colored, tongue coated, loss of appetite, and impeded respiration. This state continued until the 9th instant, when the abdomen began to swell very gradually. It seemed to be uniform, commencing from the pubes, and extending until it reached nearly to the ensiform cartilage.

Upon placing my left hand on one side of the abdomen, and sharply striking the other with the right, a sense of fluctuation was manifest. It being a male subject, I was relieved of one obstacle, viz., pregnancy. But another distinction yet remained, and an important one, between ascites and encysted dropsy, whether ovarian or from any other cause. The history of a case will generally afford information for an accurate diagnosis, but in this case I had nothing of the kind to fall back upon. In ovarian dropsy, the swelling does not begin from the lower part of the abdomen, nor is it uniform, one side or the other being most protuberant. Should cysts exist, the parietes of the abdomen often feel tuberculated, and when the patient turns from one side to the other in bed, a sensation of a heavy weight within the abdomen is perceived, hence how often we see patients lying on one side, viz., the side on which the attachment exists. My patient being in an asthenic condition, I knew I had the idiopathic form to combat. The existing complications were long-continued diarrhœa, and œdematous swellings of the lower extremities. The constitutional symptoms were loss of appetite, great debility, low, weak, and often fluttering pulse. The digestive organs were greatly impaired, food being complained of as inducing severe pain.

In the treatment, I first directed my attention to the existing cause, and felt convinced it was *the abdominal complication*. Removed this in a great measure by the remedies appropriate. I have before stated that my patient was in *an asthenic* condition. As the term indicates, tonics are absolutely necessary; but I was also aware that great caution would be required for the selection of the proper one for this disease. The debility being very great, and at the same time the irritability, I knew the stomach would not bear the more powerful tonics, as quinia, ferri sulph, or the stronger vegetable bitters. So I commenced with inf. columbo, inf. aurant, etc., and had recourse to the more powerful remedies as the strength increased. My attention was next directed to the state and condition of the kidneys, and in the excitement of normal urinary secretion. Great benefit was derived from small doses of pil. hydrarg., carried just far enough to slightly affect the mouth. I combined it with the various diuretics, as digitalis, spts. æth. nit., liq. ammon. acet., etc. I have frequently observed that diuretics require combination more than any other class of remedies, to produce beneficial effects. Any one alone will perhaps have no effect whatever; but when employed in unison with other remedies of the same class, a remarkable increase in the flow of urine is the consequence. Even had there been no urinary complication, I would have acted on the kidneys, because this is generally the easiest mode of carrying off effused fluid.

Having made use of remedy after remedy, mercury, supertartrate of potass, opium, etc., without, in the slightest degree, accomplishing my object, viz., *an abatement of the swelling*, and the general tone of the system being sufficiently re-established to warrant it, I determined upon the performance of paracentesis, for I have ever adopted it as a rule, to hesitate not a moment in the performance of any operation where I have the *slightest* indication of success. The patient having been previously prepared, and everything being in readiness, the abdomen was surrounded with a bandage, having straps attached.

An opening was made in the linea alba, a little below the umbilicus, and a canula introduced, care being taken to tighten the bandage as the fluid escaped, of which fourteen pints were drawn. The patient experienced the most decided relief, and everything seemed to be porgressing favorably, until about ten days afterward, when the abdomen began to fill again. I resolved to repeat the tapping. Judge of my surprise, when visiting him on the 26th inst., and finding the abdomen had completely subsided. I questioned him and the attendants carefully, and as far as I could ascertain, no evacuation of any kind had taken place during the night. Have since heard from him, and he still continues well.

A DESCRIPTION OF PROFESSOR VANDER WEYDE'S APPARATUS,

For the Generation and Administration of Nitrous-Oxide and other Anæsthetic Gases.

By Samuel W. Francis, M. D.,

(Fellow of the New York Academy of Medicine)

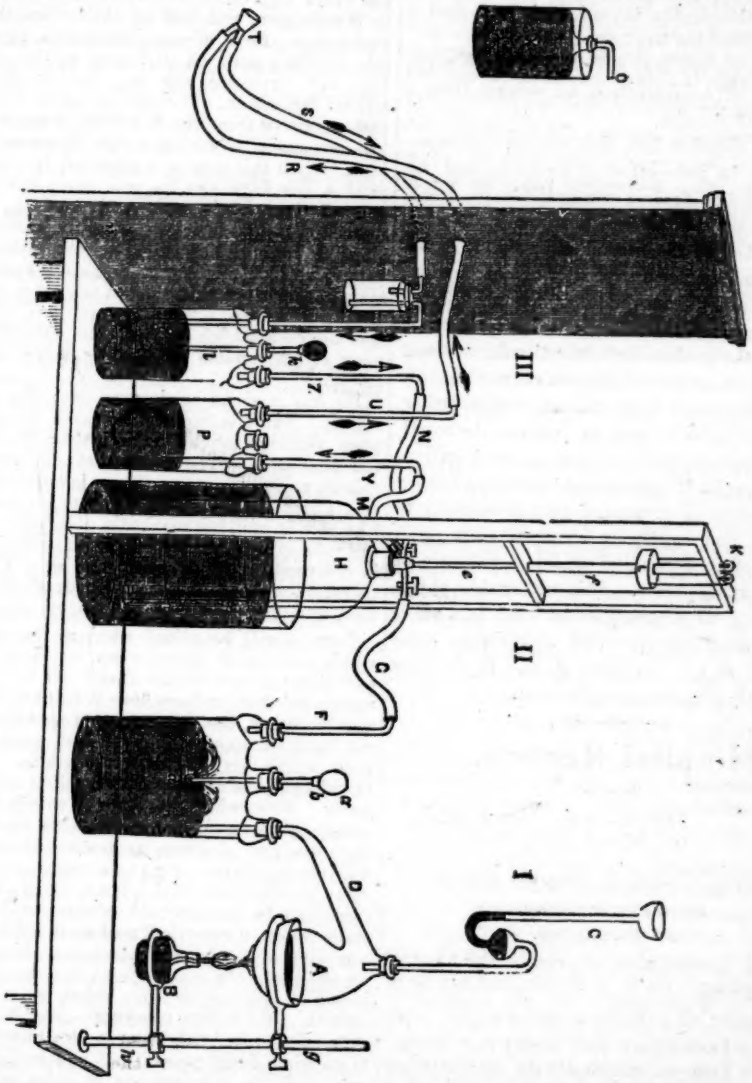
Many practitioners would administer laughing gas, were it not for the cumbrous and offensive india-rubber bag now in use. It is much easier to place a patient under the influence of an anæsthetic by means of a few drops of chloroform, or even with the temporary delay of ether, than to subject him to the annoyances incident to the present use of breathing-bags. But Professor Vander Weyde has recently patented an invention easy of use, durable in construction, speedy in generation, and effective in its results. By its rapid arrangements, nitrous-oxide can be made the instant it is required; retained in reservoir for an indefinite period, without degeneration or loss of volume; and what is more to the point of interest, the patient may inhale and exhale from the same mouth-piece, without inspiring any carbonic acid gas or weakening what may be made after he has commenced his respiration. A few words in detail will explain the working of this beautiful combination. During Dr. Vander Weyde's residence in this city, previous to his appointment to a Professorship in Girard College, he invited me to examine it and witness its efficacy. I saw at once its simple ingenuity, and felt satisfied that, as soon as known, it would bring credit to his brain and money to his bank.

The annexed wood-cut may be readily comprehended by the following explanation: I. Of the gas generator and its purifier. II. the gasometer or reservoir, (a substitute for the rubber bag or bladder.) III. The method for freeing the carbonic acid from what has been exhaled, and allowing the inspired gas to be always clean and washed.

The retort A, where nitrous-oxide is to be made, is filled with nitrate of ammonia, and heated in a sand-bath over the spirit-lamp B, supported by the stand *gh*. It is provided with a safety-tube C, filled in the bend with a little water, so that when the retort is cool, the water from the washing bottle E, cannot be sucked into the retort through the neck D, which is bent so as to descend perpendicularly. *abd* is a purifying glass tube with a rubber top, which by squeezing will force little jets of water, so as to wash any gas that, in its too rapid generation, might have escaped cleansing. The gas then passes through glass tube F and flexible tube G, into a large Wolfe's bottle H, which floats in water contained in vessel I. But for nitrous-oxide a solution of a sulphate salt or dilute sulphuric acid is the best, according to Dr. Vander Weyde's many experiments; for pure water is capable of absorbing its own volume of this gas, and if the vessel be not very strong, the atmospheric pressure would crush it. The gasometer H, is balanced by guiding-rod *e*, sliding in tube *f*, and counterpoised by weight L, upheld by ropes pass ing over pulleys K. The glass tubes Y Z are connected with the gasometer H, by means of flexible tubes M and N, and the gas easily flows through them into bottles P and Q. P contains water, but Q a solution of caustic potassa, soda, lime, or something of a similar nature. The laughing gas continues its progress through the glass tubes U and V, and the flexible tubes R and S convey it to the mouth-piece T. As may be seen by the diagram, the inhaled gas only passes through the water in bottle P, while that exhaled is forced through the solution of potassa, which deprives it of the carbonic acid gas. Bottle Q may have a glass tube and rubber, like *abd* in bottle E, to send out jets and more effectually wash the gas if desirable. The beautiful part of the mechanical portion of this invention is the purifying arrangement. The gas is allowed to pass but in one way, for tubes V and Y plunge under the liquids in bottles Q and P. Hence the gas only passes downward in them. In the upward action, the liquids rise two, four, or six inches, and thereby act as complete valves. Any other kind of valves in the lower end of tubes V and Y, would not produce as favorable a result. The direction of flow may be seen by the arrows.

As an additional safety in preventing any liquid by any possibility being sucked into the mouth, owing to the great excitement, at times,

of the patient, Prof. VANDER WEYDE places a small vessel W, between V and S, so that on a strong inspiration, it would pour into W, but on the next expiration it would be blown back into the bottle Q, and thereby all danger in that quarter is prevented. It is impossible, in detailing a description where letters are employed, and one has not seen the apparatus in motion, for it works very like a little steam engine, to suit unmechanical minds. For there is apt to exist an appearance of confusion or complication that does not in any way form a part of



the true instrument. But if this plain method were once seen, it would convince the most skeptical, and especially those who have been accustomed to use the big bag or bladder, which soon becomes foul by exhaled carbonic acid gas.

The small jar X, on the left, may also be used as an artificial respirator, by attaching tube O to mouth-piece T, and moving it up and down.

For fear that unruly and over-excited patients might destroy this glass apparatus, Prof. VANDER WEYDE suggests passing the flexible tubes S R through a wall or partition *mn*, so that it may be in one room, and the gentleman breathing laughing gas in another—this dispenses with the last objection that can be made.

For hospitals it would prove most excellent, as

the entire apparatus could be kept in a separate room; the gas made when necessary, and, if not used, held in reservoir for an indefinite period. As nitrous-oxide has been found by actual experience to be by far the least injurious of all anæsthetics, it would seem advisable for this subject to be thoroughly investigated, now that a suitable contrivance has been made.

The following remarks of Prof. Vander Weyde, are worthy of consideration, as coming from a philosophical chemist:

"It is a singular fact, that among the anæsthetics now in use—ether, chloroform, and nitrous-oxide—the first is combustible in itself, though the very *opposite* of a supporter of combustion and life; the second, chloroform, is neither combustible nor a supporter of combustion; while the last, nitrous-oxide, *is a powerful supporter of combustion and life.*" There is much worthy of the profoundest reflection in this sentence, if it be the aim of the practitioner not only to remove shattered limbs and alleviate suffering, but also to render as safe as possible the condition of his patient while undergoing an operation.

Prof. Vander Weyde intends to erect a factory for the purpose of preparing nitrous-oxide in liquid form, and supplying hospitals with small cylinders of it, condensed under a pressure of nearly 50 atmospheres. This will enable physicians to keep large quantities on hand in a small compass, as is the case with soda-water, especially as it is not explosive, for the liquid does not suddenly take the gaseous form.

Hospital Reports.

Pennsylvania Hospital,
March 28th, 1866.

Medical Clinic of Dr. Da Costa.

Reported by Dr. Napheys.

Case of Jaundice.

Michael C., aged nineteen, single, and a native of this country. He is a barber, and has been employed in Washington. He was admitted to the hospital on the twenty sixth of March. He states that he has been sick nearly four weeks, his illness first commencing with discoloration of the eyes. He was perfectly well prior to being seized with jaundice, which was the first symptom of disorder presenting itself. He did not lose his appetite at once when he became discolored; but has done so since he became sick. We have reason to believe there was diarrhœa at first. The alvine evacuations were light in color at the beginning, but not so much so as they became a week subsequently. He does not recollect, when first attacked, whether his skin was hot in the evening, but remembers being very thirsty. He had no pain over the kidneys. His water was very dark from the beginning. Having thus ascertained the history of the attack, the question arises, what brought about the disease? He was not, previous to the invasion, more than specially laborious; was not exposed to cold and damp, and received no unwelcome piece of news. He has never had chills and fever, although living in Washington, and had no chill when this disease began. From his own statements, therefore, this affection must be attributed neither to malaria, nor exposure, nor any sudden shock or mental depression. It came on rather suddenly, and co-existed from the first with diarrhœa. He had not eaten anything which disagreed with him. When this man was admitted into the hospital a few days ago, he was more deeply discolored than he is now, and besides it was noticed that his liver was slightly increased in size. It could not be called tender, although he complained of slightly more pain at the free margin under the ribs, than at any other portion. His urine showed a specific gravity of 1020, and was moderately high colored, acid, with slight deposit of phosphates on heating. No albumen present.

He has now no tenderness over the hepatic region. There is slightly increased hepatic dulness, although much less even than there was a few days since. The amount of dulness in the splenic region is large. There is nothing abnormal about the heart. The pulse is ninety-two. The skin is cool, but markedly discolored. Naturally, he says, it is very white. The conjunctiva is thoroughly tinged with yellow. The man therefore presents a typical illustration of jaundice, and that, moreover, of an acute character.

Now, it will be asked, what is the condition which brought it about, what is the prominent pathological state of the liver? It is to be remembered that we have here to assume, from the man's history, that it is a case of acute jaundice; we have to assume that he was previously in good health, his skin perfectly white, and that the phenomena developed themselves rather suddenly. Now, when this state of things is co-existing, you have either, as a rule, to deal with a high amount of acute congestion of the liver, with acute inflammation of that organ, or else with what is called catarrhal icterus, which, although there may be concomitant congestion, has as its main lesion, a catarrhal, and some inflammatory condition of the biliary passages. In this case we shall take the latter view; that we have here jaundice, dependent upon what we shall call catarrh of the biliary passages—catarrhal icterus. This opinion is held, because the history points to an acute development, and one which cannot very well be symptomatic of some other condition. In acute congestion of the liver we have generally pyemia, or typhus fever, sometimes a disease of the heart favoring acute congestion. There is nothing here of this kind, and the case is scarcely one of what might be called acute congestion of the organ. We assume it is not a case of hepatitis, because at this time of the year acute hepatitis—a rare disease in our climate—would hardly happen. Moreover, the absence of fever, and much constitutional disturbance of any

kind, proves that the malady cannot be classed as an instance of acute inflammation of the liver. Hence we are reduced to the last suggestion, catarrhal icterus. And this view is favored by the fact of the presence of increased percussion dulness, which always accompanies the affection in question, and by the deep jaundice, deeper than in mere congestion, and very much deeper than in inflammation, for both of these acute disorders of the liver are, or certainly the latter is, remarkable for the absence, rather than for any high degree, of this symptom. The co-existence of diarrhœa in the very early stages, which occurs in catarrhal icterus, is very significant. The diarrhœa is often the starting point of the disease, that is, the inflammation commences in the intestine, and spreads up through the biliary ducts, until you have marked jaundice produced. Such a state of things generally passes off in the course of two or three weeks under proper treatment.

Now, what treatment shall be adopted to further the recovery of this man? There is bile circulating in the blood. As we want to eliminate it, we shall act upon the skin and kidneys. It would be a good practice to give him warm baths, and to influence his kidneys by means of salines, such as cream of tartar, etc. Moreover, it will be found, in all cases of this kind, that salines, which act not only upon the kidneys, but which also unload the portal circulation, are particularly indicated. It was with this view that he has been taking, with great advantage, a solution of Rochelle salts. The man is considerably less jaundiced since he commenced to take this remedy, and there has been a decrease in the hepatic dulness, with a decrease, almost a cessation, of the tenderness. The manner in which this object of acting on the skin and kidneys, and unloading the portal circulation, is to be accomplished, will vary in particular instances. As the case advances, and the most acute symptoms pass off, very good results will be obtained from an occasional dose of calomel, especially if followed by saline treatment. But in the very earliest stages the salines are to be preferred to mercurials.

We very often can use local remedies with much benefit. Mustard poultices, dry cups, or even, in persistent cases, wet cups and blisters modify the catarrhal condition, and the co-existing congestion, and tend to shorten very much the duration of the attack.

The treatment of this patient will be warm baths, a tablespoonful of citrate of potassa in the afternoon and evening every few hours, and a continuation of the Rochelle salts.

April 4th. The patient was brought before the class to-day. He presents a very different appearance from what he did when last on the clinic, showing the correctness of the diagnosis, and the prognosis based upon it. His tongue is clean. Excepting on the conjunctiva but very slight signs of discoloration are visible. There is no tenderness at all over the hepatic region. The slight increase of percussion dulness noticed has disappeared altogether. The stools are solid and natural in color. The man is rapidly convalescing.

Five grains of calomel with five grains of rhubarb were ordered, together with a continuation of the Rochelle salts, in order to obtain a more decided purgative action than has yet been secured, with the view of unloading the portal circulation.

The urine has been carefully examined, and showed most unmistakeable signs of the presence of biliary coloring matter, as well as of biliary acids. When biliary acids are observed in the urine, an important point in the diagnosis is established, as there is then every reason to believe that the cause of the jaundice lies in some obstruction of the biliary ducts.

April 11th. The man this morning is perfectly well. There is still a very slight discoloration of the skin and conjunctiva. The color of the iris is again changing. He says that naturally his eyes were inclined to be blue. They were of a decided greenish cast while they were jaundiced, but are now regaining their bluish hue. He was directed to be careful as to his diet, and occasionally to take a saline purgative. In a week probably, at furthest, the slight trace of the discoloration now existing will have left.

Therapeutic Effects of the Ligation of Large Arteries.

Dr. DANIEL F. WRIGHT, formerly Professor of Physiology in Shelby Medical College, communicates in the April number of the *Richmond Medical Journal*, an article on the therapeutic effects of the ligation of large arteries, with five cases occurring under his own observation, and six under that of Dr. CAMPBELL. In this paper it is claimed,—"that the ligation of the principal artery of a member, which is ordinarily supposed to occasion danger of gangrene and necrosis in the parts supplied by the occluded artery, has, on the contrary, a marked therapeutic influence, not only upon tumefaction and unhealthy discharges, and indolence in the healing process, but especially upon gangrene itself, which repulsive and dangerous disease it has uniformly and promptly arrested, in every instance in which it has been applied." In the five cases witnessed and described by the author, and in the six cases reported by Dr. CAMPBELL, this uniform result was observed—that immediately from the date of ligation, large tumefaction has been superceded by recovery of the original contour, fetid ichorous discharges by laudable suppuration, and phagedenic gangrene by vigorous granulations, resulting in rapid separation of the eroded tissues. In all these instances the ligation was resorted to for the arrest of hæmorrhage; but so marked was its effect upon the gangrenous condition, that the question arises seriously, whether it may not be resorted to expressly for this therapeutical purpose. Dr. WRIGHT considers these cases as offering sufficient ground for further observation, and suggests that every instance in which, for any purpose whatever, the artery is tied which supplies a gangrenous limb, the results ought to be carefully noted, recorded and published, in order that it may be seen whether future experience is in harmony with what has been stated.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SEVENTEENTH ANNUAL SESSION.

First Day.

Baltimore, May 1, 1866.

The Association convened at 11 o'clock, A. M., and was called to order by the President, D. Humphreys Storer, M. D., of Mass., assisted by Vice-Presidents, T. C. Dunn, M. D., R. I.; S. O. Almy, M. D., Ohio, and Jas. F. Hibberd, M. D., Indiana.

The Treasurer, Caspar Wister, M. D., Pa.; the Permanent Secretary, William B. Atkinson, M. D., Pa., and the Assistant Secretary, Gerard E. Morgan, M. D., Md., were present.

On motion of Dr. D. P. Bissell, N. Y., the Ex-Presidents and Ex-Vice-Presidents present, were seated upon the platform.

The proceedings were opened with prayer by Rev. Mr. Spiess, of Baltimore.

The Committee of Arrangements, through their Chairman, Dr. C. C. Cox, Lieutenant-Governor of Maryland, welcomed the Association in the following remarks:

Mr. President and Gentlemen of the Association:

In obedience to an honored usage, as the organ of the Committee of Arrangements, I extend to you a most cordial greeting. The performance of this duty is to me no ordinary gratification. From various States, near and remote, you have gathered to-day, to learn more perfectly each other's worth in the light of social intercourse, and to place another garland, fresh and redolent, upon the altar of your favorite science. I welcome you to these halls; to the homes and hearts of my *confreres;* to the courtesies and hospitalities of Baltimore, and of Maryland!

For a few days the offices at home will be deserted—familiar forms no longer encountered on the rounds of daily practice—the sick room remain unvisited by its regular attendant. From the theatres of professional toil you have come to share another re-union of kindred spirits, animated, as all true disciples of learning should be, by sentiments of fraternal concord, and an earnest desire to enlarge the boundaries of science, and to elevate and dignify the noble calling to which your lives have been devoted. Physiology, Medical Chemistry, Pathology and Surgery, are adding richly every year to our stores of knowledge, and, fresh from book and bedside, you are here to compare views upon recent discoveries, suggest improvements in the imperfect systems of Medical Education, and add to the already accumulated contributions, which give interest to the printed transactions of the Society.

Mingled with a grateful appreciation of your presence in such goodly numbers, comes the regret that these seats hold so few representatives from our sister States of the South. In 1860, upon a lofty eminence, which looks down from the East upon the most beautiful city of New England' we shook hands with our brethren, and parted. The struggle for the nation's life, since so successfully achieved, had not then reddened the annals of our history. Weary years have dragged on, and in the process of time, at the end of that sanguinary contest, we would fain meet again those from whom we have been separated, draw the mantle of forgetfulness over the past, renew to them the expressions of our regard, and with them dedicate the hour and the occasion to the sacred cause of Learning, Friendship, and Truth.

These absent ones will yet return, but there are others who once shared in these meetings, whose vacant seats will never be filled. Eighteen years have elapsed since the American Medical Association, then in the second year of its existence, assembled in this city. In the circle of years it has come back to us once more, but sadly fraught with the changes of time. While we open our arms to the living, let us not be forgetful of the honored dead. More than one brilliant light has been obscured. Chapman, Warren, Knight, Ives, Silliman, Mott, Francis, Drake, Hooker, Chew, Dalton, and others, leaving a proud record of probity, honor and usefulness, have gone to their higher reward. A Roman author tells us that, long after the illustrious men of place had descended to the tomb, their images were presented on great public occasions, dressed in the insignia of their office, while the orator revived in the hearts of those present the memory of their lofty deeds. We require no such memorial of our departed. They are with us in our councils—they seem to occupy these very seats—we almost hear their familiar voices, and retrace the oft-scanned lineaments of their thought-graven countenances. Something of the dead still lingers at these anniversaries, animating us by ennobling example; pointing the path of honor they have so successfully trodden.

> "Nothing shall cover their high fame but Heaven;
> No pyramid set off their memories,
> But the eternal substance of their greatness,
> To which I leave them."

The return of peace brings abundant cause for congratulation. It is true the domain of science properly knows no sectional strife. No hostile step invades its soil—no bugle calls to battle—its votaries peaceably unite upon a common platform, and lay their offerings of good works upon one common altar. Let us, therefore, banish every thought that might interfere with the singleness of devotion we owe to the science of our choice, and, instead of the rank weeds of prejudice or hate, let us together cultivate the flowers of kindliness, fidelity and humanity.

In the retrospect of the war it is our solace that the medical man, under whatever flag he may have served, was found true to the teachings and aims of that sublime calling which, by common consent, has been placed next only to the mission of the Saviour and his self-sacrificing ambassadors. While the bullet and shell have been achieving their deadly work, the surgeon has been discovered cheering the heart of the despairing soldier, binding up his bleeding wounds, and removing, with as little consciousness of pain to the poor sufferer as possible, the

limbs that had become shattered and useless by the terrible accidents of war. While other minds have been intent on improvements in warlike implements, by which their fatal destructiveness might be enhanced, the surgeons of the army have been accumulating valuable facts for future reference, to be applied only to the relief of the diseased and wounded. The SURGICAL HISTORY OF THE WAR will, in coming years, stand forth a monument of the industry, skill and attainment of the medical profession of the army and navy of the United States.

With the dawning peace a new era opens before us. Spaces of labor extend far into the future—bloodless fields of triumph to be won, surround us on every side. The new age is pregnant with more potent influences, grander events, than the past. Let us help on the advancing work! Let us, as members of a great profession, add something to the mighty achievements which will mark the opening era. Let us light a fresh flame upon our altars, which may spread its illuminating rays to the farthest recesses of this vast continent, and be seen and felt throughout the world.

But I am exceeding the limits of this address of welcome.

Most of the principal cities, as you know, have been from time to time honored by the meetings of this Association. Philadelphia, Boston, Cincinnati, Charleston, Richmond, New York, St. Louis, Detroit, Nashville, Washington, Louisville, New Haven, and Chicago, have been visited, and some of them more than once, by the members of this body. In each of these places we have been cordially received and hospitably entertained, and each is associated in our minds with agreeable and ineffaceable recollections. We trust our own Monumental City will prove no exception to this pleasant rule, but that after the few brief days of your sojourn in our midst, you will take with you to your homes something to remind you not ungratefully of the meeting at Baltimore.

I again greet you, gentlemen, from whatever section of the broad Union you come—North or South, East or West, and extend to you, once more, one and all, a fervent and cordial welcome!

Dr. Cox then offered sundry documents in regard to Dr. M. A. PALLEN, exculpating him from the charges on which he was expelled at the session last year in Boston.

On motion of Dr. WILSON JEWELL, Pa., the order of business was suspended, to allow these to be received.

Dr. Cox moved to refer the papers to the Committee on Medical Ethics, with a request that they report promptly.

Dr. JAS. M. TONER, D. C., offered as a substitute, that Dr. M. A. PALLEN be immediately reinstated as a member of the Association.

After much discussion, Dr. W. B. BIBBINS, N. Y., called the previous question, which was seconded by Dr. JEWELL, Pa., pending which, Dr. WM. MAYBURRY, Pa., rose to a point of order, that the Association was not yet organized.

The President decided the point of order not well taken.

Dr. J. H. OWINGS, Md., desiring information on the subject under discussion, the President stated the facts in connection with the case, as it occurred in Boston.

The main question was then stated and carried, and the whole matter referred to the Committee on Medical Ethics.

Dr. WORTHINGTON HOOKER, Conn., having stated that he was the only member of that committee then present, the President appointed Drs. T. C. BRINSMADE, N. Y., and N. S. DAVIS, Ill., to act with him in this matter.

A motion by Dr. W. JEWELL to dispense with the roll-call was negatived.

Dr. COX, on behalf the *Committee of Arrangements*, read the following programme for the Association:

I. The meetings of the Association will be held in "Concordia Hall," commencing on Tuesday, 1st May, 11 o'clock, A. M.

II. The Sections will be located as follows:
1. Chemistry and Materia Medica—Concordia Buildings.
2. Medical Jurisprudence and Hygiene, and Physiology—Concordia Buildings.
3. Psychology—Concordia Buildings.
4. Practical Medicine and Obstetrics—Dental College, corner of Hanover and Lombard streets.
5. Surgery and Anatomy—Dental College, corner of Hanover and Lombard streets.
6. Meteorology, Medical Topography, and Epidemic Diseases—Knabe's Concert Hall, corner of Eutaw and Baltimore streets.

III. Promenade Concert and Entertainment at Concordia Hall, Tuesday, May 1st, at 8, P.M.

IV. Private Soirées at Residences of Dr. C. C. Cox, 23 McCulloh street, Dr. T. S. Bond, 82 Read street, and Surgeon Josiah Simpson, U. S. A., 40 Calhoun street, on Wednesday evening, 2d May.

V. Entertainment by the Mayor and City Council of Baltimore, Thursday evening, 3d May.

VI. Excursion to Annapolis, and Reception by the Governor of Maryland, His Excellency THOMAS SWANN, on Friday, 4th May.

The Permanent Secretary called the roll of those present. There were registered 326.

Maine, 5; New Hampshire, 2; Vermont, 3; Massachusetts, 17; Rhode Island, 4; Connecticut, 9; New York, 66; New Jersey, 15; Pennsylvania, 56; Delaware, 5; Maryland, 65; Virginia, 1; District of Columbia, 34; West Virginia, 1; Ohio, 11; Indiana, 5; Illinois, 3; Michigan, 3; Wisconsin, 3; Iowa, 3; Missouri, 2; Tennessee, 5; Georgia, 1; California, 1; Mississippi, 1; Texas, 1; Lower Canada, 1.

The Committee of Arrangements presented the name of Dr. JAS. E. REEVES, of West Virginia, as a member by invitation, and on motion, he was elected.

Dr. T. S. BOND, Md., offered the following:

Resolved, That the Committee on Medical

Ethics be instructed to report that Dr. M. A. Pallen be reinstated, and they express the most profound regret on behalf of the Association, for the injustice done him.

On motion of Dr. Bibbins, the resolution was laid on the table.

Vice-President Jas. F. Hibberd, M. D., Indiana, having taken the chair, the President delivered the Annual Address.

On motion of Dr. D. P. Bissell, New York, the thanks of the Association were tendered to the President, for his able and interesting address, and it was referred to the Committee of *Publication*.

The Committee on *Medical Ethics* presented their report relative to the case of Dr. Pallen. The report was read, and after much discussion, and the failure of a motion to recommit and add the resolution of Dr. Bond, the Committee amended their preamble, and presented the following, which was unanimously adopted:

"The Committee to whom were referred the papers relative to Dr. M. A. Pallen, respectfully report that they have examined the evidence, embracing documents endorsed by General Grant, the Vice-Consul of the United States at Montreal, and many citizens of Missouri, and are fully satisfied that the statements on which his expulsion was based were entirely unfounded, and therefore, regretting the injustice done both to Dr. Pallen and the Association, do recommend the following resolution:

"*Resolved*, That the preamble and resolution adopted by the Association, at their annual meeting in Boston, June, 1865, expelling Dr. Pallen, be hereby rescinded, and that Dr. Montrose A. Pallen be restored to his previous membership in the Association."

On motion of Dr. J. P Ordway, Massachusetts, a committee of three was appointed to wait on Dr. Pallen, report the action of the Association, and invite him to meet with us.

On motion of Dr. Owings, Maryland, Dr. Cox, Maryland, was made chairman of that committee.

Committee—Drs. C. C. Cox, Maryland, J. P. Ordway, Massachusetts, and L. A. Sayre, New York.

The Committee retired, and returned with Dr. Pallen, who was presented to the Association.

Dr. Pallen expressed himself highly gratified by the action of the Association, and returned thanks to the Association, and also to Dr. Cox, for his manly conduct.

Reports of committees were then called for.

On *Quarantine*, Dr. W. Jewell, Pennsylvania, chairman, reported progress, and was continued.

On *So-called Spotted Fever*, Dr. J. J. Levick, Pennsylvania, chairman, reported, and the report was referred to the section on Practice of Medicine and Obstetrics.

On *Ligature of Subclavian Artery*, Dr. Willard Parker, New York, chairman. No report. The Committee was continued.

On *Tracheotomy in Membranous Croup*, Dr. A. N. Dougherty, New Jersey, chairman. The Permanent Secretary read a communication from Dr. D., and on motion, the subject was referred to the section on Surgery.

On *Rank of Medical Corps in U. S. Army*. On motion of Dr. Cox, it was agreed to consider the subject in general session.

On *Alcohol and its Relations to Man*, Dr. G. E. Morgan, Maryland, chairman, presented a report, which was referred to section on Hygiene, etc.

On *Insanity*, Dr. A. Hitchcock, Massachusetts, chairman. A communication from Dr. H. was read by the Permanent Secretary, and on motion, Dr. H. was excused from further action on the committee.

On *Milk Sickness*, Dr. R. Thompson, Ohio, chairman. It was announced that Dr. T. had deceased.

On the *Relation which the Doctrine of the Correlation and Conservation of Forces bears to the Physiological and Pathological Condition of the Human System*, Dr. S. L. Loomis, District of Columbia, chairman. No report.

The paper on *Electricity*, by Dr. S. Littell, Pennsylvania, referred to this committee last session, was offered with an explanatory letter, and was referred to the section on Hygiene, etc.

On *Progress of Medical Science*, Dr. J. C. Smith, New York, chairman, reported progress, and was continued.

On *Diphtheria*, Dr. H. D. Holton, Vermont, chairman, presented a report which was referred to section on Practice of Medicine, etc.

On *Comparative Value of Life in City and Country*, Dr. E. Jarvis, Massachusetts, chairman. A communication was read showing progress, and the Committee was continued.

On *Drainage and Sewerage of Cities, etc.*, Dr. W. Jewell, Pennsylvania, chairman, reported progress, and was continued.

What Effect has Civilization on the Duration of Human Life? Dr. A. A. Gould, Massachusetts, chairman. No report.

On *Disinfectants*, Dr. E. M. Hunt, New Jersey, chairman, presented a report which was referred to section on Hygiene, etc.

On *Compulsory Vaccination*, Dr. A. N. Bell, New York, chairman, reported progress, and the subject was referred to section on Hygiene, etc.

On *Strangulated Hernia*, Dr. W. F. Peck, Iowa, chairman. No report.

On *Causes and Pathology of Pyæmia*, Dr. J. J. Woodward, U. S. A., chairman, presented a report which was referred to section on Surgery.

On *Use of Plaster of Paris in Surgery*, Dr. J. L. Little, New York, chairman, reported progress and was continued.

On the *Etiological and Pathological Relations of Epidemic Erysipelas, Spotted Fever, Diphtheria and Scarlatina*, Dr. N. S. Davis, Illinois, chairman, presented a report which was referred to section on Meteorology, etc.

No reports were received from the Committees on *Meteorology, Medical Topography, and Epidemics*.

Voluntary communications were presented on *Luxation of the Hip Joint*, by Dr. L. A. Sayres, New York, and referred to section on Surgery.

On *Impurities in Water Pipes*, by Dr. J. C. Draper, New York, and referred to section on Hygiene, etc.

Dr. COX having announced that Dr. BROWN SEQUARD desired to lecture before the Association on *Treatment of Nervous Affections*, it was made the special business for Wednesday at 11 A. M.

On motion of Dr. DAVIS, Illinois, Dr. WM. MARSDEN, of Canada, was invited to a seat on the platform, and unanimously elected a Permanent Member.

A paper on *Extirpation of the Uterus*, was presented by Dr. H. R. STORER, Massachusetts, and referred to section on Surgery.

On *Permanganate of Potassa as a Purifier*, by Dr. CRAIGE, of District of Columbia, and referred to section on Hygiene, etc.

On a *New Apparatus for fractured Patellæ*, by Dr. J. M. BOISNOT, Pennsylvania, and referred to section on Surgery.

On *Local Anæsthesia*, by Dr. J. S. COHEN, Pennsylvania, and referred to section on Practice of Medicine, etc.

On *Aluminium in Dentistry*, by Dr. A. MASON, Massachusetts, and referred to section on Chemistry.

On *Extirpation of Lower Jaw*, by Dr. D. W. C. ENOS, New York, and referred to section on Surgery.

On motion, the Association adjourned until 9, A. M., on Wednesday.

[To be continued.]

ACADEMY OF MEDICINE OF NEW YORK.

Dr. McCready on the Physiological and Pathological Effects of Alcohol.

Dr. MCCREADY remarked that there were very few subjects which had caused so much of controversy as the physiological and pathological effects of alcohol, and especially its dietary relations. Its wide-spread use, and the extreme opinions held by different persons regarding the uses of alcoholic beverages have embittered the controversy to a great extent, and given rise to much harsh discussion.

Thirty years ago the schools prohibited the use of alcohol in inflammatory diseases and fevers. Gradually, however, a change of opinion took place. It is probable that this change of opinion was brought to this country from abroad. STOKES and GRAVES were the gentlemen who used alcoholic stimuli first in typhoid and typhus fevers. From these diseases their use was extended to low forms of inflammation. In this country, the practice was carried even to a larger extent than abroad. The administration of twenty, thirty, or forty ounces of whisky or brandy, in the course of twenty-four hours, had been nothing uncommon.

Within the last few years a change has again taken place, and alcohol, by many, is less used now. Still the large body of physicians lag behind, and by the mass of the profession alcohol is still used very largely.

Dr. TODD's influence, by his teachings and practice, has been very powerful in favor of the free use of alcoholic remedies; but of late, certain physiological investigations and researches have led to their diminished use. Still these researches are not yet altogether accepted. Dr. STILLÉ, in the last edition of his work, still advocates that this class of articles possess nutritive properties, and WOOD, in his last edition, gives his opinion to the same effect. I cannot expect to throw new light upon the subject, but desire only to collate such facts as come up to our present knowledge of the subject.

Physiological Effects. Until a comparatively recent period, we knew very little indeed of the true theory of nutrition. We only knew that certain articles, taken as food, nourished the body, but *how*, by what changes, was unknown. Through the combined labors mainly of the French chemists and physiologists, who analyzed the formation of aliments and tissues, new light was thrown upon the subject. It had been generally accepted that wine and alcohol had some play in nutrition, but when chemical analysis had advanced thus far, it was soon found that it could not in substance enter as a part of the tissues of the body. What part then did it play? It was then believed that, like the fatty or starchy elements of food, it was capable of sustaining animal heat, that it contributed to respiration. LIEBIG called it respiratory food, and contended that it was more readily absorbed and convertible into the respiratory gases than fats themselves. This led to its high employment.

It was soon seen, however, that certain substances into which alcohol is decomposed, when undergoing various degrees of oxydation, such as acetous and acetic acid, carbonic acid and water, should, if it served respiration by being burned up, be found in the body sooner or later after its ingestion. It was thought, in 1833, that acetic acid had been found, at least it was claimed by one or two observers that traces of acetous, acetic, and oxalic acid had been discovered after the use of alcohol. But the very next year, it was shown that the tests which had been employed were unreliable and that the proofs were insufficient; and furthermore, experiments made upon animals which had been poisoned by alcohol, showed that alcohol in substance was still found after death, and that it was not burned up—at least not all. These experiments, however, attracted little attention at the time, and LIEBIG's theory still remained in full sway.

In 1860, LALLEMAND and others entered again on experiments, and commenced anew a tho-

rough study of the subject. They discovered in animals which had been poisoned by alcohol, that the alcohol was present in the brain and blood, and in the urine of old drinkers; they discovered it by obtaining it in substance, as well as demonstrating its presence by chemical tests. Still it was remarkable in these experiments that the peculiar alcoholic odor could only be detected when considerably concentrated. It was also discovered in the breath and in the cutaneous exhalation, but not in sufficient quantity to burn. One of the tests which they used consists of one part of bichromate of potass to three hundred parts of sulphuric acid; a deep-red color is struck by a very small addition of alcohol to this solution, which is not the case with other reagents. Provided with this test and proper apparatus, alcohol was soon detected, not only in the breath and urine, but, in the animals experimented upon, in nearly all the tissues. But, besides its presence, it was also found that the quantity of the alcohol present varied in the different tissues. When it had been carried into the system through the stomach, it was found to be most abundant in the liver, next in the brain, next in the blood; but when it had been introduced by injection into the jugular vein, its greatest abundance was first in the brain, then the liver, and lastly in the blood.

These experiments were followed up by careful experimental researches regarding the excretions, and none of the results of oxydation of alcohol were found—neither acetous, nor acetic acid, etc. It was ascertained that the elimination of alcohol (*e. g.*, of half an ounce of brandy) took considerable time, that it commenced generally in half an hour after ingestion, and could still be detected after eight hours in the breath, and fourteen hours in the urine. Its elimination through the skin was also ascertained by accurate experiments. Other observers, as Edwin Smith, of London, repeated these experiments of Lallemand. He discovered alcohol in the cutaneous exhalation of men, given off in perceptible quantities upon the ingestion of even small doses.

The following points then may be observed as constituting the evidence furnished by these experiments:

1. That soon after ingestion, alcohol begins to be eliminated by the skin, breath, and urine, etc.

2. That this elimination extends over a long period.

3. That none of the results of oxydation of alcohol have been discovered.

4. That alcohol seems to have a peculiar affinity for certain organs and tissues—foremost among these the brain. In a soldier who had died thirty-six hours after taking a quart of brandy, the quantity of alcohol furnished on chemical examination of the various organs was:

Brain,	8 parts.
Liver,	2 parts.
Blood,	3 parts.

The conclusions, however, which have been claimed as legitimately deducible from these investigations, have been met with several objections. While it is acceded that alcohol is eliminated as such, it is claimed that this elimination relates only to the surplus amount, and that some of it is decomposed and undergoes changes during the metamorphosis of nutrition. It would be impossible to collect the whole amount of a given quantity taken into the body by experiments, and furnish demonstrative evidence sufficient to remove all these theoretical objections. On the other hand, too, it must be remembered that most, if not all the vegetable alkaloids, such as as morphia, quinia, atropia, etc., are all eliminated, yet they exercise their effect while circulating in the capillaries.

Dr. Anstie has stated that some substances aid or add to nutrition, and still are eliminated, There are certain substances which will be absorbed where there is a deficiency in the system. Common salt he quotes as one of these. Again, no food is ever directly taken into the circulation. Even the white of an egg, etc., must undergo preparation and some change before it is absorbed and enters the current of the blood. But alcohol is not changed. It is taken directly into the blood, and again eliminated from it. Again, no food is ever eliminated in kind, while alcohol is thus eliminated. Hence we cannot see how alcohol can be considered as bearing any analogy to food.

(The further discussion of this subject was postponed till a subsequent meeting.)

Presence of Lead in Tinned Vessels.

According to the *Journal de Pharmacie et de Chimie*, by a French ministerial instruction it has become necessary to examine all tinned vessels that are used in the military hospitals of France. The simple method proposed by M. Jemmel is as follows: Five decigrammes of the metal are treated with an excess of nitric acid, diluted with one-third of its weight of water, and the whole made to boil. To the filtered liquor a crystal of iodide of potassium is added. If the liquor only contains 1-1000 of lead it will produce a yellow precipitate, which is very apparent, and does not disappear on the addition of ammonia.

EDITORIAL DEPARTMENT.

Periscope.

Typhoid Fever in Children.

In his "Clinical Records illustrative of the Diseases of Children," published in the *Dublin Press and Circular*, Dr. G. STEVENSON SMITH makes the following remarks on diet and treatment of typhoid fever in children:

With regard to the very important subject of diet we have merely to say that the patients are allowed sweet milk *ad libitum*, with small quantities of beef-tea occasionally, and this is all the food that is necessary. During convalescence, however, eggs are sometimes given, generally beat up in the form of flip. Solid food, such as beef, etc., is often productive of much evil, by being given too soon, and is a frequent cause of diarrhœa and feverishness. As to the use of wine and brandy, that is a subject which has caused a great deal of discussion, and concerning which much diversity of opinion still prevails. Experience leads us to take up no extreme position on one side or the other, for while we hold that stimulants are often used much too freely, and to the injury of the patient, we must at the same time admit that we have seen typhoid patients saved by the continuous and judicious administration of brandy. The fact is, that many cases will do well without a single drop of wine, while others need to be stimulated from the very first. There are some physicians who in every case of fever pour into the patient so great a quantity of wine or brandy, that the symptoms are rendered most complex and confused; while others again, even when the patient's powers are flagging, when the tongue is black, and the teeth are covered with sordes, refuse to allow the administration of any stimulant whatever. The exercise of a wise discrimination on the part of the practitioner is therefore required to prevent his falling into error. If the diarrhœa is troublesome, sound port wine is the most suitable. When there is much nervous prostration, indicated by tremor of the tongue and hands, brandy ought to be given.

As to medication, the patients in the Children's Hospital, Edinburgh, generally are given the following:

R.	Acid. hydrochlor. dil.,	f.ʒj.	
	Syrup. simplex,	f.ʒj.	
	Aquæ,	f.ʒiij.	M.

S. A dessertspoonful every four hours. Occasionally, if a stimulant is indicated, a drachm of the sp. æth. nit. is added. This mixture is very pleasant to the taste, and possesses tonic and refrigent properties; besides it is eagerly taken, and indeed often greedily demanded by very young children.

If diarrhœa exists, a few grains of DOVER'S powder are generally most useful. When the looseness is very persistent, a grain or half a grain of plumb. acet. should be added. When hæmorrhage occurs, enemeta of starch and laudanum will be found of much benefit, but occasionally more active remedies are required. Nitrate of silver in ¼ or ½ grain doses, along with some preparation of opium, is often attended with much benefit. When the breath and evacuations smell badly, the chlorate of potass., dissolved in milk or water, and given as a drink, acts very beneficially.

If there is much tenderness of the belly, warm light poultices of linseed meal, or turpentine stupes are useful in allaying the pain, while an enema of castor oil, and a few drops of the tincture of asafœtida, will be of use in removing the tympanitis, which is frequently troublesome and distressing.

Paralysis after Diphtheria.

Dr. WM. MOORE, Lecturer on Practice, at Mercer's Hospital, Dublin, in a clinical lecture on paralysis after diphtheria, published in the *Medical Press and Circular*, gives the following case:

Martha L., aged 16, admitted March 20th. Appearance anæmic and dejected, stupid; questions having to be repeated, generally, before an answer was received. Up till two months before admission, she had been a strong healthy girl; she then got a sore throat, as she described it, which lasted over a month. About a week after recovering from this, she was seized with paralytic symptoms: partial loss of voice, which assumed a *nasal* character; complete anæsthesia of the velum, uvula, and arches of the palate; more marked over the left half of the tongue and toward its base. Taste and smell impaired—but hearing unaffected. Tingling sensation in the lips, which at times felt as if asleep. Fluids only could be swallowed, and these often regurgitated. Dilatation of both pupils, especially the right, affecting the eyesight so far as to prevent reading. Sensation of creeping over the fingers, palms, extending to the elbows, and some sensation in lower extremities, as far as the knees. Pain along the course of the spine generally, but especially in the cervico-dorsal region, and when walking, she could not keep herself erect, and seemed semi-paraplegic.

The character of the paralysis was progressive. First, the muscles of the pharynx became affected, then those of the tongue, lips, eyes, and upper extremities, and lastly, the lower extremities. The larynx did not appear implicated. Albumen in the urine.

Treatment. One-twentieth of a grain of strychnia, with one and a half grains of sulphate of iron, three times a day. A liniment of compound camphor, with chloroform, applied daily along the spine. Diet liberal, good beef-tea, and four ounces of wine. Result after twelve days of this treatment: Can hold herself erect, and walk without drag or ataxy; eyesight so far improved, that she can read for her amusement; senses of smell and taste returning; albumen gradually disappearing from the urine. All the paralytic phenomena, with the exception of difficulty of deglutition, steadily vanishing.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 19, 1866.

MEDICAL PURVEYING OF OUR ARMIES DURING THE LATE WAR.

To those who have been accustomed to look upon the gifts and labors of the Sanitary Commission to the soldiers of our armies during the late war, as affording almost the only source from which medical and hospital supplies could be obtained for the sick and wounded, the statement of supplies furnished, and of moneys expended for the same, from one of the Army Medical Purveying Depots alone—that of New York—will furnish a full refutation of the claims of the Commission, as far as these claims are pushed, to throw into the shade the labors of the Government officers. Indeed, all that the Sanitary Commission has done is not a tithe of the labor performed and supplies furnished by the Government, though the ostentation with which the agents of the former advanced their work before the public, generally implied the idea, as if upon it alone depended the sanitary care of the soldiers.

From the report of Dr. Satterlee, Brev. Brig. General, Surgeon, and Medical Purveyor, U. S. A., it appears that the moneys expended by him in purchasing supplies, and for services of contract surgeons, nurses, etc., during the war, or from April 15th, 1861, to December 31st, 1865, at the depot in New York, over which he presided, amounted to $18,086,569 31. This is one depot alone, and for aught we know, those of Philadelphia and in the West, statements of which have not reached us, may sum up to the same amounts.

In order that the reader may appreciate the vast amount of supplies furnished and of labor performed in this work, we will quote but a few of the most prominent items from the long catalogue comprised in the report.

Among the list of *medicines* we find: Alcohol, 131,854 qts.; brandy, 149,376 qts.; camphor, 11,257 lbs.; sulphate of cinchonia, 115,013 ozs.; citrate of iron and quinine, 27,819 ozs.; chloroform, 28,313 lbs.; copaiba, 25,853 lbs.; Peruvian bark, 10,165 lbs.; ginger, 14,181 lbs.; iodine, 28,000 ozs.; sulphate of magnesia, 182,350 lbs.; castor oil, 60,176 qts.; camphor and opium pills, 143,167 doz.; cathartic do., 197.345 doz.; opium pills, 193,155 doz.; quinine do., 62,483 doz.; mustard, 64,351 lbs.; sulphate of quinine, 294,365 ozs.; castile soap, 106,314 lbs.; whisky, 449,213 qts.; different wines, over 200,000 qts.

Of *hospital stores*, we only quote: Extract of beef, 296,592 lbs.; corn starch, 125,913 lbs.; dessicated vegetables, 55,108 lbs.; farina, 83,630 lbs.; concentrated milk, 254,318 lbs.; ale, 440 casks; porter, 430,616 bottles; white sugar, 363,596 lbs.; tapioca, 46,467 lbs.; tea, 158,051 lbs.

Of *surgical instruments:* Amputating sets, 335; amputating and trephining, 95; pocket sets, 5688; trusses, assorted, 22,630.

Among the *dressings*, we have: Adhesive plaster, 82,164 yds.; linen, 99,510 yds.; lint, 96,365 yds.; muslin 668,178 yds.; roller bandages, assorted, 239,765 doz.; suspensory bandages, 52,329; fine sponge, 86,611 ozs.; towels, 38,158 doz.

Hospital clothing; Drawers, 361,242; shirts, 479,828; slippers, 221,372 pairs; socks, 503,178; woollen blankets, 528,218; canton flannel, 143,896 yds.

From these few items, it will be seen how well and how amply the necessities of our sick and wounded were provided for. We would fail, however, in our duty as journalists, were we to omit to mention the existence of one anomalous fact connected with the medical department of the army—the fact of entirely inadequate remuneration, pecuniary and in rank, of the medical staff of the army. Here, for instance, we see a medical officer responsible for property worth fifteen millions of dollars, transacting a business annually larger, perhaps, than that of any mercantile firm in the United States, and yet his pay does not amount to more than the salary of a dry-goods clerk in a first-class house, and when he is retired, after serving his country well and faithfully through a lifetime, his pay is not enough to afford a comfortable subsistence to himself or family. Is not this wrong?

"PROSTITUTING SCIENCE."

In the Reporter for January 20, 1866, in an editorial under the caption of "Prostituting Science," we were unwittingly led into an error, by which we cast undeserved censure on Dr. James Jones, Professor of Practice in the Medical Department of the University of Louisiana. Our remarks were founded on what purported to be a report of an introductory lecture of Prof. Jones, published in a New Orleans paper. We are glad to learn that the report did Professor Jones injustice, and that he did not, on the occasion referred to, lay himself open to the animadversions contained in our article.

The manner in which the error by which we were misled occurred, was as follows, as described in a letter from a friend in New Orleans:

"The facts are these, that *not one of the words*

which you quote from the *New Orleans Times*, not one *objectionable sectional* word was used by Prof. JONES in his address to his class.

"How then came such words to be published in the newspaper reporting his introductory address?

"In this way. Dr. JONES's Introductory of 1866, was a repetition of that of November, 1861, except that the introductory sectional remarks of 1861 were altogether omitted; but, unfortunately, the manuscript notes thereof were still in the chief manuscript, and the careless reporter, to whom the manuscript was handed by request, reported the sectional remarks made in 1861, as delivered before himself in 1866, an error which annoyed Dr. JONES, and which was corrected by a notice in the same newspaper."

As the lecture of 1861 was not under review in our article, but what we had good reason to suppose was the lecture of 1866, we have nothing to do but to render the proper *amende* for the criticisms referred to, and offer the above explanation of the manner in which we were misled.

Notes and Comments.

State Medical Society of Michigan.

Active efforts are being made, we understand, by some of the local Medical Societies of Michigan to establish a Medical Society of the State. Michigan at present is one of the few States without such a Society, although its educational State establishments, especially its University, are second to none in the United States, and conducted in the most liberal and comprehensive manner. The *Detroit Review of Medicine and Pharmacy* says, that a convention of physicians will probably be held at some convenient point, in May or June next, for the purpose of organising the Society; and that its regular meeting be held sometime next winter, at Lansing, during the session of the Legislature.

The Progress of Medical Journalism.

We have received the first number of the *Southern Journal of the Medical Sciences*, edited by Drs. E. D. FENNER, D. WARREN BRICKELL, and C. BEARD, with Drs. W. S. MITCHELL, A. W. PERRY, and JOSEPH HOLT, as assistant editors. The *Journal* is a quarterly, at $8 per annum. It contains 200 pages of reading matter, original and selected; and the quality of both departments may be judged of from the character and standing of the editors, who are known as among our best and most intelligent medical writers.

In welcoming this excellent journal to our table, we are pained to have to announce the recent decease of one of the editors, Dr. E. D. FENNER,—a loss, not only to the journal, to New Orleans, or the South, but to the country and the world. His literary contributions in the cause of medical science are many and valuable, and we doubt not he has left many valuable papers, which we shall look for with much interest.

THE GALAXY.—The second number of this new fornightly magazine, is an improvement on the first. It is larger, by 16 pages, and contains a fine variety of literary contributions and selections. Dr. WM. H. DRAPER, of New York, contributes an article entitled "The March of the Cholera;" and M. PIERRE BLOT, the well known teacher of the culinary art in New York, the first of a series on "The Art of Dining." Other contributors to this number are ANTHONY TROLLOPE, ROSE TERRY, Mrs. EDWARDS, G. CLUSERET, MARIA L. POOL, FRANCES POWER COBBE, E. C. STEDMAN, JOHN ESTEN COOKE, and others,—all names well known in literature. Such writers, and the elegant getting up of the work, must secure to the *Galaxy* a wide circulation.

Books and Pamphlets Received.

We have received "SIMS' UTERINE SURGERY," by J. MARION SIMS, M. D., of New York, now in Europe. From W. Wood & Co., New York.

NELSON ON ASIATIC CHOLERA. From Townsend, New York.

STATEMENT OF MEDICAL AND HOSPITAL SUPPLIES, furnished to the Sick and Wounded of the U. S. A., and moneys expended for the same, at New York, from April 15th, 1861, to December 31st, 1865. By Bvt. Brig.-Gen. R. S. SATTERLEE, Surgeon and Med. Purveyor U. S. A.

ANNUAL REPORT OF THE SURGEON-GENERAL, U. S. A. 1865.

THE APPLICATION OF SUTURES TO BONE in Recent Gun-shot Fractures, with Cases, etc. By BENJ. HOWARD, M. D.—Communicated by JOHN BIRKETT, Esq., F. R. C. S. From Vol. XLVIII. of the "*Medico-Chirurgical Transactions.*" London. 1865.

ANNUAL REPORT OF THE RESIDENT PHYSICIAN of the city of New York, for 1865. New York.

TRACTS FOR THE PEOPLE; by EDWIN M. SNOW, M. D.

American Medical Association.

We are sorry at being unable to give this week the minutes in full of the late meeting of the American Medical Association, as the Secretary could not prepare them in season. The remainder of the minutes will appear next week.

Erratum. In Dr. FORWOOD's communication in last week's number, p. 378, second column, fifth line from top, for *means* read *names*.

☞ We have had applications for copies of the "Record of the Federal Dead buried from Libby, Belle Isle, Danville, and Camp Lawton prisons, and at City Point, and in the Field before Petersburg and Richmond," published by the U. S. Christian Commission. We can now furnish a limited number of copies.

Correspondence.

FOREIGN.

Local Anæsthesia.

Editor Medical and Surgical Reporter:

Among the late novelties in surgical and medical appliances, perhaps none has attracted more attention in these countries, during the past few months, than that of Dr. Richardson, of London, for producing local anæsthesia by means of the spray of ether thrown upon the part. A considerable number of trials of this method of producing insensibility to pain during minor surgical operations have been made in this city. Mr. Symes, one of the surgeons to Stevens' Hospital, has tried Dr. Richardson's plan with almost universal success. It has also been tried in the Meath Hospital, and reported upon favorably by the surgeons of that institution. Mr. McClean, the surgeon-dentist of the City of Dublin Hospital, has made use of this means of producing anæsthesia during the removal of teeth, and with a very satisfactory result.

The "Immediate Method" in Stricture of the Urethra.

The time has at length arrived for testing the permanence of relief from stricture of the urethra in cases treated by the "immediate" method of Mr. Holt, of London, and surgeons are anxiously looking for cases where this operation has been performed some time previous. Mr. Fleming has had the opportunity of observing one of these cases at the Richmond Hospital. A man applied to Mr. Fleming for relief from piles. On the patient presenting himself, the surgeon at once recognized a case which Mr. McNamara had treated in the Meath Hospital, by means of Holt's dilator, and had at the time shown to him. Mr. Fleming examined the patient, and was much pleased to find that the relief which had been afforded by Mr. McNamara was permanent, and that a full-sized sound instrument could easily be passed along the urethra.

Empyema. The Drainage Tube. The Endoscope.

An interesting case of the treatment of empyema by means of the drainage tube has lately occurred in the practice of Dr. Gurdon at the Whitworth and Hardwicke Hospitals. The case, which was a very serious one, completely recovered. A point of particular interest in this case was that the inside of the pleural cavity was examined by means of the endoscope of Dr. Cruise. The pleura was not found to be rough, as usually imagined in such cases, but quite smooth.

Aphasia.

A case has occurred in the practice of Dr. Hayden, at the Mater Miserecordiæ Hospital, which tends to confirm the idea that the special cerebral lesion accompanying aphasia is disease or injury of the left frontal convolution. In the case mentioned there was aphasia, and after death the left side of the brain was found considerably smaller than the right, and its frontal convolution in a semi-fluid condition.

Fissure of the Sternum.

Dr. Quinlan has had a case of rare and curious interest under his care at St. Vincent's Hospital, of which, by his kindness, I can give some particulars.

The case, as described by Dr. Quinlan, is one of fissure of the sternum in a female patient. The fissure was produced by caries of the bone. The case now presents an appearance similar to that of the celebrated case of Mons. Groux, exhibited here and elsewhere about eight or nine years since. The fissure, is closed by cicatrized skin, under which can be seen three (3) separate undulatory movements, which Dr. Quinlan refers to the right auricle, the right ventricle, and the commencing portion of the pulmonary artery. On auscultation, the ordinary sounds of the heart are distinctly heard, louder than usual, and at the conclusion of the first sound, a peculiar metallic sound is occasionally present. At the time I examined the case, I distinctly heard this metallic sound, which much resembles the jingle of a number of small silver coin shaken in the hand. Dr. Quinlan has made a considerable number of, and is still making interesting observations as to the exact difference in time between the systole of the ventricle and the seat of the pulse in various arteries of the body. These observations may lead to useful results as to diagnosis in head disease.

Necrosis of Jaw-bone.

At a recent meeting of the Surgical Society of Ireland, Dr. Grimshaw exhibited an interesting specimen of necrosed upper jaw-bone, from a child of five years old. The child had suffered from a severe attack of fever, after which the portion of bone containing the two temporary molar and alveolus of the canine of the right

side, with the rudiments of two permanent teeth, was exfoliated. The case was of interest from the rarity of the occurrence after fever.

Typhus Fever.

I may mention that typhus fever, which has been more than usually prevalent in this city during the past two years, now seems to be on the decline. T. W. G.

Dublin, April 20th, 1866.

DOMESTIC.

On Anæsthetics.

EDITOR MEDICAL AND SURGICAL REPORTER:

Permit me, through the columns of the REPORTER, to contribute a few remarks upon the subject now attracting some attention, of the comparative merits of nitrous-oxide and other anæsthetics.

Almost since the first general introduction of anæsthetics into surgical application, (fifteen or sixteen years,) I have been in almost daily experience with them, that experience embracing most of the substances employed to produce anæsthesia, either general or local.

On the recent re-introduction of nitrous-oxide for that purpose, I made careful experiments with it, both in its preparation and its application, my experience rising in the aggregate to some hundreds of successful cases, (teeth extraction,) yet I am not prepared to give it so sweeping a preference as does Dr. CARNOCHAN over chloroform and ether. I am not of those who resent all innovation of established practice, but while we lean generously toward the *new*, let us at least not be unjust to the *old*.

I am aware that novelty has an almost irresistible charm even to the most matured judgments, and that the well known and very laudable desire of our representative men for progress, may sometimes lead them into undue enthusiasm in prematurely signalizing an advance, is not altogether unnatural; but while we are proud of their enterprise, let us beg of them that they will not commit themselves too fully upon very limited data. It seems to me that the data in regard to nitrous-oxide as an anæsthetic, are far too limited to admit, in fairness, of any conclusive comparison of its merits with those of chloroform and ether.

Furthermore, I wish to remark that we are accustomed to speak of the danger to life connected with the inhalation of ether and chloroform as being inherent in these agents, and I wish to inquire of your readers if, in the general private opinion of the profession, this is really the case.

There have been deaths occurring under their administration—no one doubts that; but, *entre nous*, have none occurred from the bungling or unskilful use of the surgeon's knife?

Who is prepared to say that a larger proportion can be justly placed to the charge of the one than to that of the other?

Yet I apprehend that no one would aver that the danger to life was or is inherent in the knife, instead of the hand that guides it, and that its use should be abolished in consequence; at least, until the proof should be clearly established that we have more than its equivalent with which to replace it.

We should rather seek increased skilfulness in its employment, and in my humble opinion, we are bound to render to ether and chloroform the same justice, instead of making them the scapegoats of our own shortcomings. I, for one, am not satisfied that the best skill we are capable of attaining is generally employed to guard against the dangers that might be intelligently foreseen in the administration of these agents, powerful for good or for evil—ether and chloroform.

My own experience leads me to be most guarded against the approach of danger in the three following directions, viz.

1st. *Asphyxia*—from privation of atmospheric air.

2d. *Hyper-Anæsthesia.*

3d. *Nervous shock*—from too forced and sudden administration of anæsthetic influence; or from mental terror, inspired by visible preparations, excitement of sympathizing friends, and forcing the patient to submit without first quieting those fears.

These, I am convinced, are the real sources of danger in the employment of chloroform and ether, and they seem to my mind, if not *absolutely*, at least to a very great extent *avoidable*.

If I were asked how, I would reply that in the avoidance of the first-named of these dangers, which is by no means imaginary, the precaution is very simple and obvious, consisting of the admittance of sufficient atmospheric air to support respiration.

In this connection, I must conscientiously apply the strongest terms of condemnation to the custom, so largely in vogue, of smothering down the subject, as some term it, for here we incur the two principal dangers combined in one. I know of nothing more calculated than such a struggle for respiration, to throw the subject into a panic of mental terror, such as a delicate organization would not be able to survive.

Against the danger arising from too sudden

and from over-etherization, the precautions are, in my view, nearly identical, and first of all, should be to secure the confidence of the patient.

In my own hands, in proportion to the calmness and confidence with which the patient has approached the operation, has been, *cæteris paribus*, the absence or otherwise of unfavorable symptoms.

If it is approached with terror, the patient yields tardily, is not easily subdued to the anæsthetic influence, and when thus subdued, the symptoms of hyper-anæsthesia will often immediately follow, requiring the closest attention to prevent the strong tendency to paralysis of the vital functions.

I employ by preference chloroform, formerly Duncan & Flockhart's; at the present time, I find fully its equivalent in that prepared by Edward R. Squibb, of Brooklyn, L. I.

Having taken the usual precautions in regard to the conditions of the stomach and dress, so as to have no obstructions of the vital machinery, with my finger upon the pulse, and with calm words of assurance, and closely watching the vital movements, I place the anæsthetic just near enough to perceive its effect upon the system, graduating this so as to introduce it very slowly and evenly until the voluntary muscles are relaxed, and the subject in a quiet and perfect anæsthesia.

In this manner, I have no excitement, no struggle, no spasm, no asphyxia, no hyper-anæsthesia, and very little nervous derangement, either present or following.

I in fact find less nervous disturbance with chloroform than with ether, and under the precautions I have indicated, I know of no reason to think it less *safe;* if any one does know of such reason, I would gladly be informed of it. I could cite many cases to prove the important rôle which *fear* and *confidence* enact in this connection, but I presume it to be patent to every intelligent observer, and I desire that my letter shall be acceptably brief.

Erastus Wilson, M. D.
Of 44 Bond street, New York.

Havana, Cuba, April 19th, 1866.

Surgeon-General J. K. Barnes has received letters from the Professor of Surgery in the University of Berlin, from several medical inspectors of the French and English Army, and from many distinguished foreign medical men, speaking in the highest terms of Circular No. 6, Surgeon-General's Office, and also of the importance of the proposed Medical and Surgical History of the War.

Portability of Cholera.

Editor Medical and Surgical Reporter:

The theory of the advocates of the portability and contagion of cholera, as expressed by Drs. Lee, Sayre, and Read, in your journal, is that the disease never originates *de novo* in this country; that it is always brought; and that there must be some connection between every case and some other case of the disease.

This theory, and the opposite, must be tried by facts, and it is important that the facts be kept before the profession. The investigation in New York, in relation to the disease on the *Virginia*, has been continued, and an eminent physician who is engaged in it, and who believes in "*portability*," writes me recently:

"We have as yet been unable to obtain any confirmation of our belief that the disease was brought on board the vessel from Rotterdam."

Dr Dalton, the Sanitary Superintendent of New York, says the passengers were all perfectly well at the date of sailing, and remained so for eight days. So much for that fact.

Another fact. At the time the *Atalanta* arrived in New York, last fall, Dr. Sayre boasted that the quarantine kept the cholera out of the city. Recent developments show that, in November and December, there was an endemic of genuine Asiatic cholera, in one of the hospitals on Ward's Island; there were 31 cases, of whom 27 died.

Dr. Sayre denies that the disease was cholera; but Dr. Ford, Physician-in-Chief of the hospital, who was previously acquainted with the disease, says, positively, that it was Asiatic cholera; and Drs. Willard Parker, James Crane, and John O. Stone, members of the Board of Health of New York, have thoroughly investigated the subject, and close their official report upon it as follows:

"The opinion of your committee is, that the symptoms in the cases reported were characteristic and pathognomonic of epidemic Asiatic cholera."

The profession can judge on which side the weight of evidence rests.

Dr. Ford, in his evidence before the committee, says:

"This fact I particularly noticed; these patients had had no communication with the *Atalanta*, or cholera patients then at quarantine."

Another fact. Two cases of genuine Asiatic cholera have originated in New York city, very recently, in which it is well known there could have been no possible connection with each other, nor with any other cases of the disease.

Let the profession judge in what direction the facts seem to point.

Please inform your correspondent, Dr. WILLIAM READ, that I am not "shutting my senses to the teachings of the present."

I rejoice that the American Medical Association has honored itself by refusing to pass resolutions approving the doctrine of portability, and in favor of quarantine for cholera.

EDWIN M. SNOW, M. D.

Providence, R. I., May 7, 1866.

Infanticide—Criminal Abortion.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

You deserve the thanks of the members of the profession and the community, for your denunciation of the very prevalent practice of abortion among married women. The criminality, and the terrible results of this practice, ought to be exposed and censured in our religious and secular prints. I have serious doubts whether, in proportion to the population, there is more child-murder in China than in this country. Five or six publishing houses in New York, as well as a number of villanous quacks, publish essays or treatises explaining and advising the process of abortion by one method or another, and most of them keep and sell the medicines or instruments of their nefarious trade. The sale of these books throughout the country is enormous. One of them, I learn from the printer, has been sold to the extent of over 400,000 copies, and most of the others to the amount of 100,000, or over. The greater part of this sale is to married women; and the purchase of a copy of the book is almost invariably followed by an order for the medicines or instruments it recommends. The villanous authors of these books spend from $20,000 to $50,000 a year, in advertising their wares; and respectable secular papers, daily and weekly, and even some religious papers, (unwittingly, it is to be hoped,) insert their advertisements. The mischief thus accomplished is fearfully extensive.

In Massachusetts, the number of births of children of American parents is considerably below the number of deaths in the same class, and eminent practitioners in that State declare, unhesitatingly, that the fact is due to the very general practice of abortion. In this State, (New York,) I am afraid the case is not much better. In a single village of 4000 inhabitants, nearly every married woman had purchased the books and medicines, and the result was not only a terrible "slaughter of the innocents," but frequent sudden deaths, and enfeebled constitutions, extensive uterine diseases, inflammation of the stomach, etc., etc. In Ohio, there is much the same state of things. In the great majority of cases, these women do not fully comprehend the flagitious character of the crime of which they are guilty. Seduced into its commission by the plausible arguments of the book, which coincide with their natural desire to avoid the pains of child-birth and the subsequent care of helpless infants, they slide easily into the commission of the crime, and only realize too late the guilt they have brought upon their souls, as well as the suffering they have inflicted upon their bodies. Often the poisonous drugs they take do not produce their full effect, and the child sees the light of day, but with a constitution ruined by the injuries inflicted on it *in utero*, and drawing its nutriment from a mother whose health has been completely destroyed by her criminal conduct in this regard, the wretched child goes to an early grave.

We denounce and punish with severity, and justly, the male and female abortionists, who, by the exercise of their nefarious trade, murder the unborn infant, and often its unwedded mother; but of how much sorer punishment are these villains worthy, who, by their books, their advertisements, and their noxious drugs, teach women all over the land, how to produce abortion on themselves? Yet who ever heard of one of these scoundrels being brought to justice? B.

Brooklyn, N. Y., May, 1866.

News and Miscellany.

A University in Syria.

The most important educational enterprise in Syria, writes a correspondent of the *Tribune*, is just now being established in Beyrout. As it does not come within the scope of a missionary society to found colleges, the American missionaries, feeling the absolute necessity for such an institution in Syria, set apart one of their number, the Rev. Dr. BLISS, to raise the necessary funds, and take charge of the institution. It is a striking evidence of the life and vitality of our country, that he succeeded in raising a permanent fund of $100,000 for this purpose in America, in the midst of the war, which has been increased by $20,000 raised in England. The institution is incorporated in the State of New York, and the trustees are among the wealthiest merchants of New York city. A movement has been inaugurated by wealthy gentlemen in England to endow several professorships in this institution, on condition that one-half the necessary endowment of each professorship be raised in America.

The plan of the college makes it really a University, and I believe that this very grandeur of the plan will insure its success. There is a preparatory department already in most successful operation, with 150 students, under the direction

of Mr. Butrus Bistany, formerly United States Vice-Consul, and one of the most talented and best educated natives in Syria. It is hoped that the college and the medical department may be opened during the coming autumn. The college will undoubtedly find plenty of students from the preparatory department and the native schools, while the medical department is certain to be the most popular, as it must be the most immediately useful branch of the institution.

The language of the college is to be the Arabic, and it will thus be at once open to the whole population of Syria and Egypt. Indeed, it is estimated that there are 150,000,000 of the human race who speak Arabic, and this will be the only institution of the kind open to those speaking this language.

Ohio State Medical Society.

This Society meets at the Ohio White Sulphur Springs, on the *third Tuesday in June proximo.* Arrangements have been made to afford members the most ample and agreeable accommodations.

The following committees are expected to report:

Applications of the Microscope—D. W. Kinsman.
Military Surgery—Drs. Barr, McDermott, and Gay.
Therapeutics of Zymotic Diseases—E. B. Stevens.
Obstetrics—Thad. A. Reamy.
Special Uterine Diseases—W. C. Hall.
Diseases of the Eye—E. Williams.
Surgery—N. Dalton.
Necrology—W. P. Kincaid.
System of Public School Instruction—W. B. Davis, chairman.

New York Dispensaries.

A large meeting of the trustees and other officers of Dispensaries took place at the rooms of the Citizens' Association, No 813 Broadway, for the purpose of conferring with the Board of Health with regard to a plan of coöperation for the prevention of cholera in the city. Gen. Mather was elected Chairman and Dr. Morgan Secretary. Dr. Stephen Smith then submitted the following plan of organization of a system of medical relief during the prevalence of epidemic cholera:

1. The Dispensaries in the Metropolitan Sanitary District shall be known and recognized as "District Centres" of Medical Relief."

2. Each Dispensary District shall be subdivided under the direction of the Medical Director, into as many Sub-Districts as in his discretion will be required to give effectiveness to the measures of relief adopted by the Board of Health.

3. There shall be appointed by the Board of Health, with the advice and consent of the Trustees of the several Dispensaries, the following officers to each Dispensary, viz.: 1. A District Director of Out-door Relief. 2. A District Physician to each of the Sub-Districts of the Dispensary—created for the purpose of administering relief during the epidemic.

4. The Medical Officer of the Dispensaries appointed for this special service shall be under the executive direction of the Board of Health only, when carrying out the measures of medical relief adopted by said Board.

A committee was appointed to meet the Committee of the Board of Health, with power to act.

Amputation at the Hip-joint.

It is a curious fact, says the *Dublin Med. Press and Circular*, that at the same time there were in London hospitals three cases in which amputation at the hip-joint was successfully performed; one of these was under the care of Mr. Erichsen; the other two have occurred in St. George's, one in the practice of Mr. Holmes, the other in the practice of Mr. Lee, for the removal of a fibroid recurring growth, and for old disease of the hip.

Medical Opinion by Telegram.

The following opinion of Mr. Solly was sent to Rome, by telegram, by one of the late Mr. Gibson's friends. It is a curious sign of the times in two ways: first, in the mere fact of such a means of transmission of medical advice; and secondly, in the extraordinary dread of bleeding a patient which exists out of, as well as in the profession, at this present time. The message was: "Mr. Solly thinks no bloodletting required, unless the head be hot and painful. Quiet and nourishment are indicated."

Brahee Sugar.

A correspondent of the London *Lancet*, gave a most wonderful account of an article having the above name, as a specific for rheumatism. In two or three days, as it was alleged, it effectually dispelled all pains and dispersed swellings. The question is asked, what is Brahee Sugar? At present this is a secret. The editor of the *London Pharmaceutical Jonrnal* says that he has seen the powders in packets, as a patent medicine and that they have the appearance and taste of sugar of milk.

The person who introduced it, declines at present to make known its origin or composition, but he says he has made arrangements with a wholesale house for its sale. It is probably some known rheumatic remedy that has but little taste mixed with sugar of milk.—*Druggists' Circular.*

Stomatoscope.

Among other novelties noticed in the *Med. Times and Gaz.*, is "a new instrument, to be termed the *stomatoscope*, exhibited last week to the Paris Surgical Society by its inventor, Professor Burns, of Breslau. A platinum spiral wire (inclosed in a box-wood cup, to prevent the transmission of heat), brought to a red heat by the passage of an electric current from two of Middledorps' elements, is placed in the mouth behind the teeth. The light reflected by a very small mirror is sufficiently intense to render the jaw transparent, so as to allow of the vessels

proceeding to the roots of the teeth, the smallest specks of caries, etc, becoming visible. By reason of the transparency, even the labial coronary artery may in some subjects be seen at the level of the commissure, and its course followed. The instrument is therefore likely to form a useful means of exploration in dental affections."

Indian Surgery.

Dr. DARAT, of Santa Anna, Central America, writes to the *Lancet:*—I will mention a curious case of native surgery I witnessed a short time ago. The patient had received a severe stab in the abdomen, from which protruded about half a yard of intestine and a portion of omentum, the former having a longitudinal slit about 3 inches long. On my arrival I found an Indian *medico* had sewed up the wounded gut, with *the nippers of a large ant.* The insect, which is very savage, was taken by the body and its head presented to the united lips of the wound, which it bit and held fast. The operator then by a pinch of the fingers killed the ant, (nipping off its body) leaving its head fixed to the gut. Another and another thus applied to the number of a dozen or fifteen, effected this singular suture. The gut was then replaced, and no inflammation ensuing, the man recovered speedily. This curious practice is said to be usual in this part of Central America."

Iridoscope.

A new instrument produced by M. HOUDIN, by the aid of which an individual is able to see all that is going on in his own eye. It is simply an opaque shell to cover the eye, pierced in the centre with a very small hole. On looking through steadfastly at the sky, or at any diffused light, the observer may watch the tears streaming over the globe, and note the dilatation and contraction of the iris, and even see the aqueous humor poured in when the eye is fatigued by a long observation. It is needless to say that with the aid of this instrument a man can easily find out for himself whether he has a cataract or not. If he has, he will only see a sort of veil covering the luminous disc, which is seen by a healthy eye. The instrument is certainly simple and curious, and will no doubt excite attention in those who are anxious to know more of themselves. An "iridoscope" may be readily extemporized by making a hole with a fine needle in the bottom of a pill-box.

Mortality of First Labors.

Dr. DUNCAN, in the Edinburgh "*Medical Journal,*" declares on the authority of statistics, that the mortality of first labors, and of puerperal fever following first labors, is about twice the mortality attending all subsequent labors collectively; and that after the ninth labor the mortality increases with the number.

——THE Nova Scotia Legislature has voted $2000 to the widow of Dr. Slayter, who died by cholera while employed in attending on the England's passengers at Halifax. It is also proposed to erect a monument to his memory.

——MEDICAL purveyors and other medical officers will in future be required to forward to Surgeon-General's Office, immediately after each transfer, a certified invoice of medical and hospital property turned over to officers of the Bureau of Refugees, Freedmen and Abandoned Lands.

——THE number of medical matriculants in the University of Michigan during the last session was 467—number of graduates 69—a less proportion of graduates to matriculants than in any institution in this country we know of, and which speaks exceedingly *well* for the status of the school.

——THE RINDERPEST. According to the latest news from England there seems to be reason to believe that a solid, a tangible decline has occurred in the rinderpest. There has been a large decline in the number of new cases and the per centage of recoveries has arisen from 5.235 per cent in November to 13.949 per cent in March.

—— THE ANTISEPTIC PROPERTIES OF BENZINE have recently again been the subject of experiments, and Dr. B. NAUNYN has proved that in fermenting mixtures, the presence of benzine prevents or interrupts completely the process of fermentation.

—— ANILINE. It requires as many as 2,000 tons of coal to produce a small circular block of aniline 20 inches high by nine inches wide. This quantity is sufficient to dye 300 miles of silk fabric.

——THE General Government intends to build a large and commodious naval hospital on the grounds occupied by the naval Asylum, Philadelphia. The building is to be 309 feet long by 63 feet in depth in centre, and 27 feet in depth on the wings. The structure is to be of Connecticut brown-stone, hammered stone from the Delaware County quarries, and pressed brick. Proposals for the building are now being advertised.

MARRIED.

ACKER—MASON.—May 10, at the residence of the bride's parents, at Sing Sing, N. Y., by Rev. Francis Donnelly, Thomas J. Acker, M. D., of Tine's Bridge, Westchester county, N. Y., and Miss Frederica Mason.

BEAMAN—GOLDSMITH.—At St. Paul's Church, Louisville, Ky., May 2, by Rev. Francis M. Whittle, Assistant Paymaster Geo. W. Beaman, U. S. Navy, and Betty S., daughter of Dr. M. Goldsmith, of Louisville.

FOSTER—CROSS.—Feb. 27th, by Rev. A. H. Domer, at the residence of the bride's father, J. M. Foster, M. D., and Miss Louisa Cross, both of Clintonville, Pa.

FRENCH—PERKINS.—In Moulton, Me., April 29, E. D. French, M. D., and Miss Julia Perkins, both of Moulton.

LUMBARD—ABBOTT.—In Chicago, on the 3d inst., by the Rev. W. H. Ryder, D. D., Dr. H. N. Lumbard and Miss Rhoda E. Abbott, both of Barrington, Ill.

MILES—DYER.—In Roxbury, Mass., May 3, at the residence of the bride's father, F. M. Dyer, Esq., by Rev. S. Tupper, assisted by Rev. G. Whitaker, C. Edwin Miles, M. D., and Miss Eunice Pierce Dyer, both of Roxbury.

O'FARRELL—BROFFY.—April 30th, 1866, at St. Anne's Church, by the Rev. Thomas Kiernan, Gerald D. O'Farrell, M. D., and Eliza M. Broffy, both of this city.

SMITH—WARD.—At the residence of Mr. William O'H. Scully, Shady Side, Pa., April 26th, 1866, by the Rev. Herrick Johnston, Norman N. Smith, late Captain in Fifteenth Cavalry, and Sallie J., youngest daughter of Dr. W. Ward, deceased.

THAYER—HOUGHTON.—In Boston, by Rev. O. T. Walker, Mr. J. H. J. Thayer and Miss Mary A., only daughter of L. W. Houghton, M. D., all of Portland.

TINDALL—GODSHALL.—On the 1st inst., by the Rev. Franklin Moore, Van R. Tindall, M. D., and Miss Lavinia Godshall, both of this city.

DIED.

Cassell.—In this city, on the 5th inst., Francis Henry, son of Dr. J. K. and Kate A. Cassel, aged 2 years, 6 months, and 8 days.

Eaton.—At his residence, at North Bend, Ohio, May 1, 1866, Dr. Geo. C. Eaton, in the 46th year of his age.

Ewing.—At Greenwich, N. J., April 23d, Dr. William Belford Ewing, in the 90th year of his age.

Fisk.—Suddenly, on the 2d inst., at Peoria, Illinois, Dr. Charles E. Fisk, Jr., in the 39th year of his age.

Fiske.—At Hingham, Mass., on the 8th inst., Dr. Robert T. P. Fiske, aged 66 years.

McNeill.—In this city, on the 7th inst, Mrs. Mary McNeill, wife of the late Dr. McNeill.

Tutt.—In this city, on the 11th inst., Charles Pendleton Tutt, M. D., in the 35th year of his age.

Dr. Tutt was a native of Virginia. After graduating at the University of Pennsylvania, he settled in this city, where he has been in the successful practice of his profession for about ten years. He married a daughter of J. F. Leaming, Esq., of this city. For several years past he has been one of the Consulting Physicians and Librarian of the Philadelphia Hospital. He was also engaged in private medical instruction, and at the time of his decease had a large class of students.

OBITUARY.

Dr. William Belford Ewing.

Dr. Ewing graduated at the College of Princeton in 1794, and was probably the oldest of the Alumni of that year. He studied medicine at Trenton, N. J., under the direction of Dr. Nicholas Bellville, one of the most distinguished physicians of the State and commenced the practice of his profession in the Island of St. Croix, in which place he continued two years. He then settled in Greenwich, N. J., the place of his nativity, where he continued actively engaged as a physician for twenty-eight years, when he retired from its duties. He was President of the Medical Society of New Jersey in 1823, and at the time of his death probably the oldest of the Fellows of that venerable Society. He was for many years Presiding Judge of the County Courts, ten years a member of the State Legislature, and a member of the Convention which framed the Constitution of New Jersey in 1841. To these duties and honors of the citizen were added the crowning glory of being a disciple of Christ, and testifying the sincerity of his faith in his serene and peaceful death.

He died at Greenwich, on the 23d of April, 1866, at the advanced age of 90 years.

ANSWERS TO CORRESPONDENTS.

Dr. W. T. G., Lexington, Miss.—Gross's Abscess Lancet, sent by mail, 9th inst.

Dr. H. H. R., Tyrone City, Pa.—Burrall on Cholera, sent by mail, 8th inst.

Dr. W. W. B., Polo, Ill.—Gross's Surgery, Gray's and Agnew's Anatomy, Flint's Practice, Neill and Smith's Compend, Bennett on Uterus, Roberts on Urinary and Renal Diseases, Smith on Leucorrhœa, sent by Express, 8th inst.

Dr. E. T. B., Stephensburg, N. J.—Kousso, sent by mail, 10th inst.

Dr. J. W. B., Tremont, Pa.—Needles sent by mail, 29th ult.

Dr. L. D. W., Messengerville, N. Y.—Churchill on Women, sent by mail, 8th inst.

Dr. C. H. E, Cairo, Ill.—Flint's Practice, sent by Express, 23d ult.

Dr. O. H. P., Milford, Ga.—Wilson on Skin and Hair, and Pereira's Prescription Book, sent by mail, 23d ult.

METEOROLOGY.

April,	30,	M. 1,	2,	3,	4,	5,	6.
Wind	W.	E.	W.	N. W.	W.	N. W.	W.
Weather	Clear.	Cl'dy. Shw'r. T. & L.	Clear	Clear.	Clear.	Clear.	Clear.
Depth Rain		9-10					
Thermometer.							
Minimum	39°	43°	45°	35°	37°	42°	45°
At 8 A. M.	51	50	48	45	52	57	58
At 12 M.	58	55	55	51	60	64	65
At 3 P. M.	61	50	59	55	53	63	68
Mean	52.25	49.50	51.75	45.50	50.50	56.50	59.
Barometer.							
At 12 M.	30.	29.8	29.9	30.	29.8	29.8	30.

Germantown, Pa. B. J. Leedom.

SUMMER SCHOOL
OF
MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D., HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

ANATOMY,
SURGERY,
CHEMISTRY,
PHYSIOLOGY,
OBSTETRICS,
MATERIA MEDICA,
PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, $50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. Lenox Hodge, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

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